NEW SERVICE APPLICATION

Mail to:

* Required Information Louisville Water Company			
Date*:	c/o New Service Ap 550 South Third Street OR Louisville, KY 40202	3396 Burkland Blvd	165
Account Holder's Name*		Tax ID/Soc Sec	*
Mailing Address* (for water bill)	City	ST
Phone Number*	Cell Phone Number		Zip
New Service Address*	ress)	styST_	Zip
Subdivision	Lot#County*	Plumbing Permit#	<u>*</u> *
	for all meter installations, except fire copy of the irrigation plumbing per		
Structure* Residential Con	mmercial Industrial # dv	velling units to be served	d: ** Office Use Only:
Domestic or Irrig Services: 3/4 Irrigation RetroFit 3/4 Fire Services: 4 Combination Res. DS/FS 3/4 Combination Com. DS/FS 1 A \$50 service deposit may be applied Each water bill may include an Elevate A Service Charge, dependant on size of All applications for fire services, commall fees must be Stake Card Information*: (No Please circle the letter that best indicate: A Meter Location Card will be provided The absence of a LWC Meter Location private service line, or the meter location installed at the center of the premise fro facilities on private property, i.e. invisible the water service installation. Mailing Address for Stake Car	Amount of to the first water bill. Amount of to the first water bill. Amount of the first water b	f check or money order from the bill along with charges for for common areas and signs on Clerk before application (it only) h. lled service sleeve or the meter being responsible for any	**Svc. Type **Rate Sched **Contract **Main In Service Y **Main Size/Type **Side street main on r enclosed \$ res must be paid at time of applicat r any water usage. ature entrances, require site plans.
	Idress		CURB WATER MAIN
City	ST Zip -		STREET
property hereby agree to all terms and con Service Rules and Regulations. (Rules ava www.louisvillewater.com) Applicant agree cost of any repairs to LWC facilities dama omissions. Any additional charges or refu or business named as the account holder.	ses to reimburse the Company for the actual ged as the result of Applicant's actions or nds on accounts will be directed to the personal section of th	**PREMISE # **CUSTOMER **SERVICE OF **MAP # **BUD Y N # **JOB ORDER	.? Y N
Print Name*	Applicant Phone #*	(Application cannot b	none #
Applicant Email Address*			
ALL REQUIRED INFORMATION	ON, PERMITS, AND FEES MUST	BE SUBMITTED AT TI	ME OF APPLICATION